

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593014

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5	1					
6	1					
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32			1			
33				1		
34				1		
35				2		
36			1			
37						
38				1		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49				1		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				2		
53				1		
54			1			
55				1		
56				1		
57				1		
58				1		
59				1		
60				2		
61				2		
62				2		
63				1		
64				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		4		↓
TOTAL DEP.		←		54		←
TOTAL CLAIMS				58		